



Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711
(775) 684-4690
www.dmvnv.com

Days and Hours of Operation

Day	From	To
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm
Saturday	am/pm	am/pm
Sunday	am/pm	am/pm

Training Vehicle Information

Vehicle Identification Number	Make	Model	Year	Lease

I hereby certify to the Department of Motor Vehicles that the above statement is true and correct.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.

Signed _____

Title _____

Date _____